



GAS PIPING PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

☐ 1-, 2-, or 3-FAMILY RESIDENTIAL

Date _____

☐ 4 (OR MORE) FAMILY RESIDENTIAL (# OF DWELLING UNITS = _____)

☐ COMMERCIAL

☐ MULTIPLE PERMIT APPLICATIONS SUBMITTED

(Consideration for the assessment of a single \$30.00 Application Verification Fee will only be made to applications submitted for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.)

APPLICATION # _____ OF _____

(Please indicate the total number of applications being submitted for the SAME ADDRESS at the SAME TIME. Ex: Application #1 of 3; Application #2 of 3; etc.)

TYPE OF PERMIT ☐ New Construction Bldg Permit # _____
☐ Alter Existing ☐ Addition to Building ☐ Replace/Repair Existing

ADDRESS OF JOB _____ City _____ Zip Code _____

Working In Unit(s) # _____ TAX DISTRICT/PARCEL # _____

Tenant Name(s) _____ Telephone (____) _____

CONTRACTOR _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

License # _____

SIGNATURE OF CERTIFIED CONTRACTOR OR AUTHORIZED SIGNER

PRINT OR TYPE NAME

PROPERTY OWNER OF RECORD _____ Telephone (____) _____ FAX (____) _____

Address _____ City/State _____ Zip Code _____

SIGNATURE OF OWNER

PRINT OR TYPE NAME

SOFT ACCOUNT # _____

AUTHORIZED SIGNATURE OF ACCOUNT _____

RESIDENTIAL 1-3 FAMILY DWELLINGS

Gas Piping for new or existing building per dwelling unit:

Number of dwelling units:

RESIDENTIAL 4 OR MORE FAMILY DWELLINGS

Gas Piping for new or existing building - includes 3 appliances or equipment connections:

Total connections per dwelling unit:

Number of dwelling units:

COMMERCIAL

Gas Piping for new or existing building - includes 3 appliances or equipment connections:

Total connections per building:

Underground only with a Phase I Foundation

ALL FEES ARE NON--REFUNDABLE

OFFICE USE ONLY

Total Fee _____ Receipt # _____